5655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05664

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY Howard Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaffer Convelecant Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto City 3V01-4
STREET ADDRESS (If rural, give location) 1409 Cherry St.

3. NAME OF DECEASED (Type or Print) (First) JOSEPHINE (Middle) (Last) BALONIS

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH May 10, 1892
9. AGE last birthday 63 yrs.
If under 1 year Months | Days
If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Grocki
14. MOTHER'S MAIDEN NAME Boranski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Joseph Balonis 604 Washburn Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 443X Bowel Obstruction — Acute

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypokinesia CV disease — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1955, to June 22, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 9A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jos. C. Mortimer M.D. Ellicott City Md. 6/23/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/27/1955
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG. 6-28-55
REGISTRAR'S SIGNATURE C. Mitchell
24. FUNERAL DIRECTOR ADDRESS Wm. S. Fialkowski 2007 Eastern Ave

C.F.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5656 — 05665 — Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (in this place) 3 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 1 Ellicott City

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4; STREET ADDRESS (If rural, give location) 2711 Huron St

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) A. (Last) Berthold

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 16 1892

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Julius Wieprecht

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles E. Berthold 2711 Huron St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Carcinoma of Uterus — 18 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3/55 to 6/10/55, that I last saw the deceased alive on 6/10/55, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE: William F. Greaney — (Degree or title) M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED 6/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6-14-1955 — NAME OF CEMETERY OR CREMATORY: Raydon Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 6-13-55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR: Rorr & B.M. Walters — ADDRESS: Pratt & Stricker Sts

5857 P5666

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Md.
LENGTH OF STAY (In this place) 1yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaffers Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3V01.4
STREET ADDRESS (If rural, give location) 107 E. 25 TH. ST

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) (Last) CAMPBELL

4. DATE OF DEATH (Month) June (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	1-8-1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OWNER	LUMBER MILL	Maryland	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		None	Preston S. Campbell 107 E.25 ST. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Instantaneous

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgdorf M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 6/8/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-9-55	Moreland Memorial Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6.9.55	John B. Langhorn	F.C. Higinbothom Ellicott City, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05667

5658

CERTIFICATE OF DEATH

Reg. Dist. No. 19

1. PLACE OF DEATH: COUNTY Howard County; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ellicott City; MARYLAND; LENGTH OF STAY (in this place): X Ellicott City; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Sheffer Lovelace Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pikesville; STREET ADDRESS (If rural give location): Sudbrook Ave. 03X-2

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Barron (Last) Clark

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 2-8-1866

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Barron

14. MOTHER'S MAIDEN NAME: Mary Kilcommons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Balto. Co. Welfare Dept. Towson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSE (S) OUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING OEATH.

19A. OATE OF OPERATION: 0

19B. MAJOR FINOINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURREO While at work ☐ Not while at work ☐

21F. HOW OIO INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to June 21, 1955, that I last saw the deceased alive on June 20, 1955, and that death occurred at 8 A. M, from the causes and on the date stated above.

SIGNATURE E. A. Peterson M. O. ADDRESS Ellicott City, Md. DATE SIGNED 6-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-27-55 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 6-23-55 — REGISTRAR'S SIGNATURE: A W Helwig — 24. FUNERAL DIRECTOR: Emmick A. Nacrelli — ADDRESS: Pikesville

VS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05669

Item 9, Film C183 7-5-55 et

5659

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Shafer Nursing Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville 03X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) — (Last) Clauss

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 12-30-1861 | 9. AGE last birthday 93 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Agriculture | 11. BIRTHPLACE (State or foreign country): France | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mr George Clauss - Marriottsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Carcinoma of Prostate with

ANTECEDENT CAUSE (B) DUE TO Metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16, 1955, to 6-16, 1955, that I last saw the deceased alive on 6-17, 1955, and that death occurred at 12:15 P M, from the causes and on the date stated above.

SIGNATURE John B. Kerlinger M. D. ADDRESS Ellicott City Md DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-21-55 | NAME OF CEMETERY OR ~~CREMATORY~~ Wards Chapel | LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REGISTRAR 6-20-1955 | REGISTRAR'S SIGNATURE John B. Longhauer Dep. R.C.L. | 24. FUNERAL DIRECTOR Luther H. Haight ADDRESS Lyndsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05670

5660

CERTIFICATE OF DEATH

Reg. Dist. No. 195

Filmed 7-7-55 et

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (Rural) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (Rural)
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Dill

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 55

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: Unknown — 9. AGE last birthday: 70 ? yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease — DUE TO

(c)

Interval Between Onset And Death: 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 19 55, to 6-1, 19 55, that I last saw the deceased alive on 6-1, 19 55, and that death occurred at 8 PM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) Frank L. Weaver, Jr. — ADDRESS Laurel Md — DATE SIGNED 6-2-55

23. BURIAL, CREMATION, REMOVAL (Specify) Embalmed — DATE THEREOF June 24 for Univ. — NAME OF CEMETERY OR CREMATORY Md. Mem. Gdns. — LOCATION (City, town, or county) Balto. — (State) Md

DATE REC'D BY LOCAL REGISTRAR June 29, 1955 — REGISTRAR'S SIGNATURE Dr. Frank Hyde

24. FUNERAL DIRECTOR The Anatomy Board of Md per: M. Chestaro — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05672

MARYLAND 5661

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cooksville
LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cooksville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) William Henry (Last) FRANCE

4. DATE OF DEATH: (Month) June (Day) 16th (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-6-1890

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis W. H. France

14. MOTHER'S MAIDEN NAME: Susie Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no —

16. SOCIAL SECURITY No.: 705-12-2675

17. INFORMANT AND ADDRESS: Mr Albert France. Cooksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447

Immediate cause (a) Cardiac arrest, hypertension,

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, uremia, left (c) hemiplegia.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1954, to June, 1955, that I last saw the deceased alive on 16 June, 1955, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE Howard E Hull (Degree or title) MD ADDRESS Sykesville, Md DATE SIGNED 16 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 6-19-55 NAME OF CEMETERY OR CREMATORY: Dorsey & France Family LOCATION (City, town, or county) (State): Cooksville, Md.

DATE REC'D BY LOCAL REG.: June 18, 1955 REGISTRAR'S SIGNATURE: C. Pearl Mercier

24. FUNERAL DIRECTOR: Luther H. Haight ADDRESS: Sykesville, Md.

MARGIN RESERVED FOR BINDING

True Correct Copy of Original Form

05673

5662

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ROSENE (Middle) (Last) MULLINIX

4. DATE OF DEATH: (Month) JUNE (Day) 19, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 10- 9-1865

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Merson

14. MOTHER'S MAIDEN NAME: Louise ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Guernsey Mullinix, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. disease — 20 yrs -

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19 55, to June 19, 1955, that I last saw the deceased alive on June 18, 19 55, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE: John B. Linthicum MD (Degree or title) — ADDRESS: Ellicott City Md — DATE SIGNED: 6/20/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 6-21-1955 — NAME OF CEMETERY ~~OR CREMATORY~~: Montgomery Chapel — LOCATION (City, town, or county) (State): Montg. Co., Maryland

DATE REC'D BY LOCAL REG.: 6-20-55 — REGISTRAR'S SIGNATURE: John B. Linthicum. Per. B.E.L.

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

5663

05674

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
STREET ADDRESS (If rural, give location) R 1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Lee (Last) Rannie

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 11/5/1889

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Montgomery Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Rannie

14. MOTHER'S MAIDEN NAME: Catherine Amelia Saithes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1917-1918

16. SOCIAL SECURITY NO.: 219-32-1034

17. INFORMANT AND ADDRESS: Miss Ada E Rannie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Embolus — Interval Between Onset and Death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Myocarditis — 2 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert S McElroney M.D. 40 Main St Laurel Md 6/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 6-10-55

NAME OF CEMETERY OR CREMATORY: St. Louis

LOCATION (City, town, or county) (State): Clarksville, Md.

DATE REC'D BY LOCAL REG. June 8 1955

REGISTRAR'S SIGNATURE: Mary A. Whitaker

24. FUNERAL DIRECTOR: F.C. Higinbothom ADDRESS: Ellicott City, Md.

05675

MARYLAND 5664

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Laurel
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balt. Wash. Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Florida — COUNTY Pinellas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Petersburg 48X 3
STREET ADDRESS (If rural, give location) 617 27th Ave. N.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Maud	Griffith	Ranahan		June	6	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F	W	married	July 4 1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Manchester, Kentucky	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Griffith	Serelda Cobb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Wm J. Ranahan St Petersburg Fla 617 27th Ave N

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Occlusion — 10 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, Moderate with

(c) Coronary Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old myocardial infarction (2) — 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None. 0	None	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None	None		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None m.	None	None

22. I hereby certify that I attended the deceased from 6/2 ..., 1955, to 6/6 ..., 1955, that I last saw the deceased alive on 6/6/55, 19..., and that death occurred at 1:00P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Erickson MD ADDRESS Laurel, Maryland DATE SIGNED 6/6/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 9, 1955	Highland Cemetery	Lexington, Kentucky

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 7- 55	Frank Shipley	Lee Wilson Randolph	Laurel, Md

05676

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5665

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Hilltop Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2746 Guilford Ave
STREET ADDRESS (If rural give location) Baltimore, Md 3 Vol-4

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Lee (Last) Thomas

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Dec 8, 1869 | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Norfolk Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard W. Lee
14. MOTHER'S MAIDEN NAME: Grace Stavro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ronney L. Thomas 2746 Guilford Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X
IMMEDIATE CAUSE (A) Cerebral & Generalized Arteriosclerosis
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis of Spine & Knees

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1955, to 6/24, 1955, that I last saw the deceased alive on 6/22, 1955, and that death occurred at 5:30 p M, from the causes and on the date stated above.
SIGNATURE Ernest J. Lilly M.D. ADDRESS 5226 Balt. Nat. Pk. 16 DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF June 27-1955 | NAME OF CEMETERY OR CREMATORY Maryland | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-27-55 | REGISTRAR'S SIGNATURE L.W. Hahn Dep | 24. FUNERAL DIRECTOR Wm Cook Jones | ADDRESS 1217 St Paul St

05678

MARYLAND

STATE DEPARTMETT OF HEALTH

5666

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Scheaffers Retreat Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Yo1-4
STREET ADDRESS (If rural, give location) 4213 Connecticut Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Mary or Mamie (Middle) R. (Last) Williams

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 16, 1886

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Flour Lady

10b. KIND OF BUSINESS OR INDUSTRY: Jacobs Bros.

11. BIRTHPLACE (State or foreign country): Stevensville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilson Palmer

14. MOTHER'S MAIDEN NAME: Lottie ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 212 05 7801

17. INFORMANT AND ADDRESS: Mrs. Louis Respess, 814 Woodington Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X
Immediate cause (a) Carcinoma of breast with metastases — Interval between onset and death: 2yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to June 23, 1955, that I last saw the deceased alive on June 23, 1955, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 6/27/55
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: June 25 1955
REGISTRAR'S SIGNATURE: R.W
24. FUNERAL DIRECTOR: Harry H. Wiltze
ADDRESS: 4101 Edmondson Ave